File with:
lowe Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Molnes, lowe 50319





Fax: 515-251-4073	DISCLOSURE SU		2008 OCT 13 PM 4:
COMMITTEE NAME (Must be	same as on Statement of Organizati		
_	· · · · · · · · · · · · · · · · · · ·		FORM
IMPORTANT: Indicate by the par	LIMBRE FOR SU	pek visok	DR-2 DISCLOSE
(1)Statewide/Legişletive/Judge S (4)County Central Committee / 5	of committee you are reporting for: transing for Retention Candidate (2)State)County Candidate (6)City Candidate (y PAC (9)City PAC (10)School Board (7 (Cohool Doord on Other Bellster)	(Rev. 07/2007) REPORT
CANDIDATE COMMITTEES	ONLY:		Comm.#
Candidate Name	<i>a.</i> 6	Political Party (if applicable)	Scanned
MARK E.	CENCY MAKE	REpublican	Computer
Office Sought County Const	OF Super visor	District (if Senate or House)	Audited
Dan W Ha		to lows Code sections 68B.32A(7/2 - 792 - 3666 TELEPHONE	(7) and 68A.401(3), the candidate, for a
ignature of Person Fil	NG REPORT	TELEPHONE	DATE SIGNED
	19/2008 F port date) PREPORT DATED		
			Local Committees, enter Date of Election
(You must continue to	tion) report and attach Notice of Disso file reports until a DR-3 is filed.)	19	County & Logal Committees, enter County which Election is held
STATEME	NT OF CASH ON HAND		
ASH ON HAND at the beginning	ng of the reporting period. (Total of a		s <u>/53.2</u> 8
	TAKEN IN THIS PERIOD		
Schedule A: Cash Co	ntributions total (Attach Schedule A) (*also see in-kind below)	^S /3 3350, 9
	ceived total (Attach Schedule F)		
	es of Campaign Property (Attach Sch		
	applies to Candidates' Committees		
		SUB-TOTAL	\$ <u>3503.28</u>
SUBTRACT TOTAL M	ONEY SPENT THIS PERIOD		,
	res total (Attach Schedule B) (**also	see debts and loans below)	1691.91
	syments total (Attach Schedule F)		
	nis reporting period (if final report bala		
	le D - Attach Schedule D)		
	om Schedule E - Attach Schedule E)		
	n Schedule F - Attach Schedule F)	*******************************	\$
NSULTANT BREAKDOWN (YESNO
NDIDATE COMMITTEES ON			
	RTY (From Schedule H - Attach Scho		\$
ATE COMMITTEES: Submit	a reconciled campaign account bank	statement in January of each ;	year.

For instructions, See Back of Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM
BENAL MORE FOR SUBSERVISOR	 	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PACID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR			
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
8/13/08	CK# 2/30	Virginia Hagemen 16542 Noble que		\$ 50.00	
<i>र्वा ३ 08</i>	CK# 273	HAGEMAN FARM ACT. 18842 Noble AVE		9.00	
9/3/05	ID# CK# / <i>068</i>	Mark + Pam Beachware 2625 FOREST ST. CHMMILL IA 51401	Cartilate	50.00	
2/31/08	CK# /258	Nicholas Topf 536 Lakewood Carollista 51401		150.00	
1/10/08	ID# CK# 479	CARROLL Bushitte		200.00	
9/20/08	ID# CK# 7889	Don't Lois Himmed & REVOCABLE FAMILY TRUST 45565 CONCORD FAVE. MANNING TOWN 51455		100.00	
18/7/08	CK# 1074	MARK Benef mark 2625 Forest St. Largoll, Fix 51401	CANDILATE	1000.00	
10/1/08	ID# CK#	Carh		50.00	
10/8/08	ID# CK#	BOD VAN HORN		160.00	
19/08/08	ID# CK# 0345	CARROLL COUNTY COUNCIL OF PERUBLICATO WOMEN 105 N. Main St. CARROLL, TR		50.00	
		1	SUB-TOTAL	\$225000	
		TOTAL (If last page	of this schedule)		

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of
(for Schedule A)

For Instructions, See Back of Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) BEARL MARK FOL SUPER V (SOR		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/8/08	CK# /63 /	Paul SchECh inger 320 timbre CALEK Or CARROLL, STORM SIND		\$ 50.80	
10/8/08	CK# 370	CARRO 1/, James 51401 DONIET O. GARMSTRA TOR & 22ND ST. CARRO 1/, JA 51401		50,00	
10/13/08	CK# /075	CARRO II, JA 51901 MARK GLADAMAE 2625 FOREST 24. CARRO [1, FA 51401		1000.	
	ID#	····			
	ID# CK#				
	ID# CK#	· · · · · · · · · · · · · · · · · · ·			
	ID# CK#				
	ID#				
	ID#				
	ID# CK#				
			SUB-TOTAL	\$1100	

TOTAL (If lest page of this achequie) any relative making a contribution to the

Page 2 of 2 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no femilial relationship, enter "not applicable" in the relationship column.

FOR	INSTRUCTIONS.	SEE BACK	OF FORM

	-	_			
***	-		1	ï	SCI

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD,

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC AME	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

BRARD FOR SUPERVISOR

	MAN FOR	- COPERTY 13 65	i i	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/11/08	ID# CK# /0//	Stones OFFICE Somply	Painting Paintag	\$ 481.50
10/0/08	ID# CK# 1012	Stowes Office Souply	PRINTER	\$ 481.50
	ID# CK#			
•	ID# CK#			
,	ID#			
	CK#			
	CK#			
	CK#			
	ID# CK#			
			Aug Torre	

SUB-TOTAL

TOTAL (if last page of this schedule)

\$1691.91

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 58A.402(3)(i).)

Page	/	_ of	/
		- ··	